

**Miami-Dade County  
Accounts Payable Authorized Signatures**

For Department/Agency: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

DEPARTMENT DIRECTOR

\_\_\_\_\_  
DEPARTMENT DIRECTOR NAME  
(PLEASE PRINT OR TYPE)

**Return by, Monday, September 25, 2006**

**Return to:** Dania D. Timmons, Finance Department, 111 N.W. 1<sup>st</sup> Street - Suite 2620.

This form lists the names of the individual(s) authorized by the department director to be responsible for the disbursement of budgeted funds, **to include purchase/travel credit card related expenditures (reconciled monthly credit card statements).**

This authorization, unless changed due to employee transfers, terminations or a re-assignment of duties, will be effective for fiscal year ending September 30, 2007.

Any changes due to transfers, terminations or re-assignments must be reported immediately to the Finance Department. Please make a **brief footnote on the form** explaining the cause/reason for the change(s). Only a change in department director will require the completion of a new authorization form in its **entirety**.

This signature authorization form is retained in departmental order for the processing of invoices submitted for payment, in the Finance Department, Controller's Division - Accounts Payable Unit. The individuals below have authority to approve the disbursement of budgeted funds (i.e. purchase order invoices, direct bill invoices, purchase/travel card expenditures and any other requests for reimbursement) for fiscal year ending September 30, 2007.

<u>NAME</u> <u>TYPE OR PRINT</u>	<u>DEPT.</u> <u>NO.</u>	<u>DIV.</u> <u>NO.</u>	<u>SIGNATURE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____